



BUREAU OF FIRE PREVENTION

Application for Permit

to Possess, Manufacture, Store, Handle
Sell or Use Explosives or Explosive Material
Lincoln Municipal Code Section 19.03.010

BFP PERMIT # _____

Date: _____

Permit Fee: \$ _____

Please type or print

Name (If partnership, include name of each partner)	U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>
Business Name (if any)	Employer Identification No. or Social Security No.
Business Address (Street/City/State/Zip Code)	Date Operations to Start
Mailing Address (If different from above)	Payment for permit is attached or enclosed and in the form of: <input type="checkbox"/> Money Order <input type="checkbox"/> Check Amount Submitted: \$ _____
Home Address (Street/City/State/Zip Code)	Permit fee of \$50 due when application submitted
Telephone Nos: Business () _____ Home () _____ Cell/Mobile () _____ FAX () _____	
Purpose for which explosives will be used <input type="checkbox"/> Agriculture <input type="checkbox"/> Construction <input type="checkbox"/> Demolition <input type="checkbox"/> Road Building <input type="checkbox"/> Seismographic Research <input type="checkbox"/> Coal Mining <input type="checkbox"/> Other Mining/Quarrying <input type="checkbox"/> Other Lawful Activity (specify) _____	
List type of explosive materials to be used: <i>Indicate specific type of explosive and amount intended to be used</i> <input type="checkbox"/> High Explosives _____ <input type="checkbox"/> Low Explosives _____ <input type="checkbox"/> Blasting Agents _____ <input type="checkbox"/> Other _____	
Storage Facility Information Applicant will store explosive materials <input type="checkbox"/> No <input type="checkbox"/> Yes. List Location/Description of each permanent storage facility and business name Type and description of each portable/mobile storage facility/day box: <i>(attach separate sheet if necessary)</i>	

On-Site Responsible Party Information

Full Name

Position/Social Security #

Home Address

Date of Birth

Is Party trained in the use of explosives by a reputable certifying agent? ☐ No ☐ Yes.

If Yes, by whom? Name/Address _____

If No, has Party had the equivalent training? ☐ No ☐ Yes. Please explain. Use attached separate and signed sheet if necessary.

Is and/or has Party:

Yes No

- ☐ ☐ A. Been charged by information or under indictment in any court for a crime punishable by imprisonment for a term exceeding one year.
- ☐ ☐ B. Been convicted in any court of a crime punishable by imprisonment for a term exceeding one year.
- ☐ ☐ C. Been convicted in any court of a misdemeanor crime of domestic violence.
- ☐ ☐ D. Subject to a court order restraining the applicant from harassing, stalking or threatening an intimate partner or child or such partment.
- ☐ ☐ E. Under 21 years of age.
- ☐ ☐ F. A fugitive from justice.
- ☐ ☐ G. An unlawful user of, or addicted to, marijuana or any depressant, stimulant or narcotic drug.
- ☐ ☐ H. Been adjudicated as a mentally defective or been committed to any mental institution.

Please give full details for all 'Yes' answers. Use attached separate and signed sheet if necessary.

Applicant must possess all required federal and state licenses.

I hereby certify that the answers given above are true and correct to the best of my knowledge.

APPLICANT SIGNATURE

_____ Title _____ Date _____

APPROVED:

_____ Date _____

Chief, Bureau of Fire Prevention
BFP041105 4-05